BEVERLY HEALTHCARE - KENOSHA

1703 60TH STREET

KENOSHA 53140 Phone: (262) 658-4125 Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? Number of Beds Set Up and Staffed (12/31/01): 97 Total Licensed Bed Capacity (12/31/01): 112 Number of Residents on 12/31/01: 90

Ownershi p: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Title 19 (Medicaid) Certified?

Corporati on

Skilled

No

Yes

Yes

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	37. 8
Supp. Home Care-Personal Care	No					1 - 4 Years	36. 7
Supp. Home Care-Household Services		Developmental Disabilities	0.0	Under 65	12. 2	More Than 4 Years	25. 6
Day Services	Yes	Mental Illness (Org./Psy)	50. 0	65 - 74	12. 2		
Respite Care	Yes	Mental Illness (Other)	12. 2	75 - 84	45.6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	27.8	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	4. 4	95 & 0ver	2. 2	Full-Time Equivalen	ıt
Congregate Meals	No	Cancer	1. 1	ĺ	Í	Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	4.4	65 & 0ver	87. 8		
Transportati on	No	Cerebrovascul ar	7.8			RNs	14. 3
Referral Service	No	Di abetes	5. 6	Sex	% j	LPNs	9. 1
Other Services	No	Respi ratory	2. 2		i	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	12. 2	Male	27. 8 İ	Aides, & Orderlies	40. 1
Mentally Ill	No	İ		Female	72. 2		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare litle 18			edicaid itle 19	_		0ther			Pri vate Pay)		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	9	100. 0	354	4	5. 5	117	0	0.0	0	8	100. 0	145	0	0. 0	0	0	0. 0	0	21	23. 3
Skilled Care	0	0.0	0	63	86. 3	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	63	70.0
Intermedi ate				6	8. 2	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	6. 7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		73	100. 0		0	0.0		8	100. 0		0	0.0		0	0.0		90	100. 0

BEVERLY HEALTHCARE - KENOSHA

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti	ons, Servi ces,	and Activities as of 12/	31/01
Deaths During Reporting Period		ή					
8 1 8		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	stance of	% Totally	Number of
Private Home/No Home Health	9.8	Daily Living (ADL)	Independent	One (or Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	3. 7	Bathi ng	5. 6		58. 9	35. 6	90
Other Nursing Homes	6. 1	Dressi ng	23. 3		65. 6	11. 1	90
Acute Care Hospitals	74. 4	Transferring	53. 3		33. 3	13. 3	90
Psych. HospMR/DD Facilities	0.0	Toilet Use	24. 4		53. 3	22. 2	90
Rehabilitation Hospitals	2.4	Eati ng	66. 7		27. 8	5. 6	90
Other Locations	3. 7	**************	******	*****	******	********	******
Total Number of Admissions	82	Conti nence		%	Special Treatm	ents	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	7. 8	Receiving Re	spi ratory Care	2. 2
Private Home/No Home Health	15. 9	Occ/Freq. Incontinent	t of Bladder	53. 3	Receiving Tr	acheostomy Care	0. 0
Private Home/With Home Health	6. 1	Occ/Freq. Incontinent	t of Bowel	38. 9	Receiving Su	cti oni ng	0. 0
Other Nursing Homes	8. 5				Receiving Os	tomy Care	3. 3
Acute Care Hospitals	20. 7	Mobility			Receiving Tu	be Feeding	4. 4
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	1. 1	Receiving Me	chanically Altered Diets	31. 1
Rehabilitation Hospitals	0.0						
Other Locations	3. 7	Skin Care			Other Resident	Characteri sti cs	
Deaths	45. 1	With Pressure Sores		2. 2	Have Advance	Di recti ves	83. 3
Total Number of Discharges		With Rashes		4. 4	Medi cati ons		
(Including Deaths)	82				Receiving Ps	ychoactive Drugs	71. 1

*********************************** Ownership: Bed Size: Li censure: 100-199 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 79.7 82.7 0.96 83. 8 0.95 84.3 0.94 84. 6 0.94 Current Residents from In-County 61. 1 82. 1 0.74 84. 9 0.72 82. 7 0.74 77. 0 0.79 Admissions from In-County, Still Residing 20.7 18.6 1. 11 21.5 0.97 21.6 0.96 20.8 1.00 Admissions/Average Daily Census 91. 1 178.7 0.51 155. 8 0.58 137. 9 0.66 128. 9 0.71 Discharges/Average Daily Census 91. 1 179.9 156. 2 0.58 139.0 0.66 130.0 0.70 0.51 Discharges To Private Residence/Average Daily Census 20.0 76. 7 0. 26 61. 3 0.33 55. 2 0.36 **52.8** 0.38 Residents Receiving Skilled Care 93.3 93.6 1.00 93. 3 1. 00 91.8 1.02 85. 3 1.09 Residents Aged 65 and Older 87.8 93.4 0.94 92. 7 0.95 92. 5 0.95 87. 5 1.00 Title 19 (Medicaid) Funded Residents 81. 1 63. 4 1.28 64.8 1. 25 64.3 1. 26 68. 7 1. 18 Private Pay Funded Residents 23. 0 0.38 25.6 22. 0 8. 9 0.39 23. 3 0.35 0.40 Developmentally Disabled Residents 0.0 0. 7 0.00 0.9 0.00 1. 2 7. 6 0.00 0.00 Mentally Ill Residents 62. 2 30. 1 2.07 37. 7 1.65 37.4 1.67 33. 8 1. 84 General Medical Service Residents 12. 2 23. 3 0.52 21. 3 0.57 21. 2 0.58 19. 4 0.63 49.3 Impaired ADL (Mean) 41.8 48.6 0.86 49.6 0.84 49.6 0.84 0.85 Psychological Problems 71. 1 50.3 1.41 53. 5 1. 33 54. 1 1.31 51.9 1.37 Nursing Care Required (Mean) 6.0 6. 2 0.96 6. 5 0. 92 6. 5 0. 92 7. 3 0.81